

Case Number:	CM13-0039341		
Date Assigned:	12/18/2013	Date of Injury:	03/09/2013
Decision Date:	03/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 39-year-old gentleman who was injured in a work related accident on March 9, 2013. Records for review included a right shoulder MRI report of July 9, 2013 that showed subacromial osteoarthritis with no rotator cuff pathology. A recent clinical progress assessment dated June 20, 2013 by [REDACTED] indicated continued complaints of pain about the shoulder with restricted range of motion and tenderness. There were 120 degrees of flexion and 110 degrees of abduction. The claimant at that time was noted to have failed conservative care. Recommendations were for continuation of medication management and therapy. A follow up report with [REDACTED] on September 5, 2013 documented that the claimant had continued complaints of pain about the shoulder with a painful arc of motion, 70 degrees of abduction and positive impingement. Surgical process was recommended for arthroscopy, lysis of adhesions and a manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Scope shoulder DX w/wo SYN BX SEP PROC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Based on California ACOEM 2004 Guidelines, surgical intervention in the form of shoulder arthroscopy would not be indicated. Current clinical records do not indicate physical examination findings or imaging that would be consistent with internal derangement to support a shoulder surgical process. Furthermore, the claimant's recent conservative care has not been documented to include prior injection therapy. The specific request for surgery to the right shoulder would not be indicated.

scope shoulder w/Lysis adhesions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure - Surgery for adhesive capsulitis

Decision rationale: MTUS ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, surgical arthroscopy for a diagnosis of adhesive capsulitis for the purpose of lysis of adhesions is not indicated. Official Disability Guideline criteria do not recommend the role of arthroscopic procedure for lysis of adhesions for adhesive capsulitis and recommend continued conservative treatment. There is no documentation within the records provided to indicate that this claimant would be an exception to the rule given the specific lack of documentation, formal imaging findings or failed conservative care to date.

Manipulation w/anes shoulder JNT INCL FIX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure - Manipulation under anesthesia (MUA).

Decision rationale: MTUS ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, an acute manipulation under anesthesia to the shoulder would not be indicated. The medical records fail to identify that conservative care has been exhausted over the past several months to support or justify the above procedure. The specific request in question would not be indicated at present.